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06/9/03

PATENT APPLICATION  
DOCKET NO. 3300.1014-007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David L. Brock and Woojin Lee

Application No.: 10/008,871

Group: 3732

Filed: November 16, 2001

Examiner: Philogene, Pedro

Confirmation No.: 5037

For: SURGICAL INSTRUMENT

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>6/9/03</u>	<u>Pamela Sarno</u>
Date	Signature
<u>PAMELA SARNO</u>	
Typed or printed name of person signing certificate	

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JUN 16 2003  
TC 3700 MAIL ROOM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment and Reply to Restriction Requirement for filing in the above-identified application.

[ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	78	MINUS	* 93	
INDEP	6	MINUS	** 9	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$ 0
X \$42	\$ 0
+ \$140	\$

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$84	\$
+ \$280	\$

OR

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TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

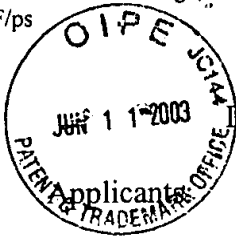
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol M. Fleming  
Caroline M. Fleming  
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Concord, Massachusetts 01742-9133

Dated: 6/9/03

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

David L. Brock and Woojin Lee

Application No.: 10/008,871      Group Art Unit: 3732  
Filed: November 16, 2001      Examiner: Philogene, Pedro  
Confirmation No.: 5037  
Title: SURGICAL INSTRUMENT

*T.H.*  
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Typed or printed name of person signing certificate	

AMENDMENT AND REPLY TO RESTRICTION REQUIREMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Restriction Requirement dated May 7, 2003, the claims of Group 1 (Claims 1-23 and 31-76) drawn to Surgical Instrument Method and System are elected for prosecution. Applicant reserves the right to file a continuing application or take such other appropriate action as deemed necessary to protect the non-elected inventions. Applicant does not hereby abandon or waive any rights in the non-elected inventions.

Please amend the application as follows:

In the Claims

*Please cancel Claims 24-30 and 76-93.*  
*Please add new Claims 94-103.*

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